PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number 10801200

Effective October 1, 2003													
_		CLAIMS A	S FILED (Column		SMALL ENTITY TYPE			OTHER SMALL	R THAN ENTITY				
TOTAL CLAIMS (PG)				3	·	· ·	. RAT	E	FEE	1	RATE .	FEE	
FOR . NUN				FILED	NUMBER EXTRA		BASIC	BASIC FEE 385		OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS 43				nus 20= * 23			xs 9= 207		OR	XS18=			
INDEPENDENT CLAIMS / minus 3				inus 3 =	• /		X43= 43		OR	X86=			
MULTIPLE DEPENDENT CLAIM PRESENT							+14	<u>. </u>		1	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2									635	OR OR	TOTAL		
CLAIMS AS AMENDED - PART II										Jon	OTHER	THAN	
	(Column 1) (Column 2) (Column 3)							SMALL ENTITY			SMALL		
AMENDMENT A	7-9-04	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	EST BER USLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MQN	Total	. 43	Minus	4	3	. —	X\$ 9	=		OR	X\$18=		
ME	.independent	. 4	Minus	4	-	-	X43	-		OR.	X86=		
	FIRST PRESE	NTATION OF MI	JLTIPLE DE	PENDENT	CLAIM		.145	\exists			+290=		
							+145	FAL		OR	TOTAL		
								ADDIT. FEEOR ADDIT. FEE					
		(Column 1)	· 1	(Colum		(Column 3)		_			-		
AMENDMENT B	6205	REMAINING AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA	RATI	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	· eff	Minus	*~~	13	=. / ·	X\$-9	-	25	OR	X\$18=		
AME	Independent	NTATION OF MU	Minus	ENDENT	CT AUA	- /	X43=	-	100	OR	X86=		
	PROJ PRESE	NATION OF MO	CHIPLE DEF	CHUZHT	CONIMI		+145			OR	+290=		
								AL L		OR ,	TOTAL ADDIT. FEE		
<u>.</u>		(Column 1)	·	(Colum		(Column 3)		٠	• • • • • • • • • • • • • • • • • • • •		,		
5 k	`	CLAIMS REMAINING AFTER AMENDMENT	•	HIGHE NUMB PREVIOU PAID F	ER . USLY	PRESENT EXTRA	RATE	-	ADDI- TONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	· 4	4	e	X\$ 9=			OR	X\$18=		
	Independent		Minus	1		-	X43=	+		. f	X86=		
	FIRST PRESE	NTATION OF MU	LTIPLE DEF	PENDENT	CLAIM		+145=	┿		OR OR	+290=		
										I			

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^{*} If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

** TOTAL ADDIT. FEE OR ADDIT.

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

COLEMAN SUDOL SAPONE, P.C. PATENT, TRADEMARK AND COPYRIGHT MATTERS



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Deposited: March 16, 2004

I hereby certify that this correspondence is being deposited with the United States Postal Service, "Express Mail Post Office to Addressee" service under 37 CFR 1.10, on the date indicated about and addressed to COMMISSIONER FOR

PATENTS, P.O. Box 1450, Alexandria, VA 22313-1450.

Curtis L. Schrandt

COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, VA 22313-1450

Docket No: P29-005

10/801283 10/801283

Sir:

Transmitted herewith for filing is the patent application in the name(s) of:

PISKUN, Gregory

FOR: HEMORRHOIDS TREATMENT METHOD AND ASSOCIATED INSTRUMENT ASSEMBLY INCLUDING ANOSCOPE AND COFUNCTIONING TISSUE OCCLUSION DEVICE

ENCLOSED ARE:

- (1) Application Data Sheet;
- (2) Specification (pages 1-25), Claims (pages 26-34/43 claims) & Abstract (page 35);
- (3) Six (6) sheets of Drawings (Figs. 1 through 12);
- (4) Declaration and Power of Attorney, and
- (5) Non-publication request.

Notes: Small entity status applies to this application. Non-publication is requested since the invention disclosed in this application has not and will not be filed in any foreign countries.

THE FILING FEE HAS BEEN CALCULATED AS SHOWN BELOW:

	Claims Filed		Extra		SMALL ENTITY			LARGE ENTITY
Basic Fee					\$:	385.00		\$770.00
Total Claims	43	- 20 =	23	x \$9	.= \$2	207.00	x \$	18.=
Indep. Claims	4	- 03 =	1	x \$ 43	.= \$	43.00		86.=
() Multiple (Dependent Cla	im(s) Pre	sented	: + \$1	45.=		+ \$	290.=
		1	otal Fi	ling Fee	: \$6	35.00		\$
	Assignment r			_				<u> </u>
		CHECK	ENCLO	DSED:	\$ 6	35.00		\$

The Commissioner is hereby authorized to charge payment of all fees associated with the filing and prosecution of this application, but not limited to:

(X) Any patent application processing fees under 37CFR 1.17;

(X) Any filing fees under 37 CFR 1.16 for the presentation of extra claims; and

credit any overpayment to Deposit Account No. 040838. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Dated: March 16, 2004

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Enclosures